

Suicide and Public Health

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In October, I had the privilege of addressing a remarkable group of people who came together at a conference in Reno, Nevada, to launch an effort to develop a national suicide prevention strategy. The conference was supported by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control and the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services.

For the first time ever in this country, this event brought together under one roof suicide survivors, health care researchers and providers, policy makers, and activists to examine the serious and pervasive problem of suicide and to begin discussing a national prevention strategy. It was an excellent example of a public-private partnership in its truest form.

I attended because shortly after I was sworn in as Assistant Secretary for Health and Surgeon General, I established mental health as one of my public health priorities for the nation. I am committed to successful prevention, intervention, and destigmatization efforts in this overlooked but critical area of health care.



We came away from this conference more certain than ever of a number of things. One of those things is that many suicides are already preventable. Another is that even more suicides could be prevented if this country better focused its resources and its attention on the problem. Another conclusion was that a purely medical approach will not do the job. By the time most people who contemplate suicide come to the attention of our current medical system, it is too late. It is going to take a public health approach, based on the best available science and sensitive to what is happening in individual communities.

More people die in this country from suicide than homicide. In 1995, 22,552 Americans died from homicide, while 31,284 died from suicide. Last year, the Centers for Disease Control and Prevention published a report that showed an increasing incidence of suicide among black youths. In 1980, the rate of suicide for black teens aged 15 to 19 more than doubled, from a rate of 3.6 per 100,000 to 8.1 per 100,000. Although white teens still

have a higher suicide rate than black teens, the gap is narrowing.

After three short days, participants in the Reno conference came away with a document that I think lays the foundation for an effective national prevention strategy. The document sums up the strategy by using the acronym

AIM:

AIM: To Prevent Suicide

1. **Access:** enhance access to services and programs

- improve recognition, referral, and treatment for depression, alcohol/substance abuse
- increase accessibility of mental health services
- establish parity for mental health services
- reduce access to lethal means
- develop community crisis management plans



2. **Illumination:** broaden the public's awareness
 - reduce stigma associated with being a consumer of mental health and suicide prevention services
 - increase awareness of suicide as a public health problem that is preventable
 - build multidisciplinary partnerships for prevention
3. **Methodology:** advance the science of suicide prevention
 - refine data systems for monitoring progress
 - intensify research into casual factors
 - expand culturally appropriate prevention initiatives
 - identify and extend successful programs and strategies

Although suicide is prevalent across all communities, racial and ethnic groups, and socioeconomic populations, it is still a topic most people are uncomfortable talking about—even in today's climate, when it seems very little is taboo for public discussion. If we are to succeed in developing a national suicide prevention strategy, we must remove the stigma associated with mental health problems, and we must not allow surviving friends and family members to bear the burden of suicide in isolation.

A public health approach to the problem of suicide will require us to define and monitor the problem in the context of different population groups. We must critically analyze risk factors and causes, and we must introduce and evaluate strategies for prevention and intervention.

We must also expand the circle of awareness and educate broadly. We must prepare and educate community health and social service providers to recognize and respond to signs of depression and suicidal thinking. We must enhance the ability of primary care providers to screen, diagnose, prescribe, and refer as appropriate. And we must provide access to the highest quality of intervention and care when indicated.

We are less than a year away from the completion of the first-ever Surgeon General's Report on Mental Health. I intend to see that the concerns raised at the Reno conference are addressed in the report.

This report will be important because an estimated 44 million American adults experience a mental disorder every year. These disorders affect every part of their lives—employment, physical health, family life, housing, and overall quality of life. Even so, we as a nation still tend to blame the sufferers of mental illness, leaving those who need help most feeling stigmatized and alone and leaving our mental health problems to play out in families, schools, and on the nation's streets.

I hope the Surgeon General's report and the Reno conference will lay the foundation for an effective public health response to these pressing social problems.

PHS Bicentennial Web Site Launched

Features On-Line Videos, Exhibits on Public Health

One of the pledges I made when I became Surgeon General is to get the best available science into the hands of Americans. With that in mind, the U.S. Public Health Service recently launched an educational website that features on-line videos and exhibits that relate to the 200th anniversary of PHS and to public health in general.

The Internet represents a wonderful way to get public health information into the hands of teachers and parents in a convenient and cost-effective manner. The PHS site will be of interest to students and faculty from elementary school to schools of public health.

Located at www.surgeongeneral.gov/phs200, the site includes the following:

EXHIBITS:

- "The Visible Human," a breathtaking trip through the human body via a series of cross-sectional photos of a frozen cadaver;
- "Images of Public Health," a collection of more than 175 photos covering more than 100 years of PHS history;
- "The Art of Medicine," a collection of paintings and accompanying text by an artist who was allowed to observe and paint public health workers doing their jobs.

VIDEOS:

- Complete footage of a reunion and roundtable discussion among all living former Surgeons General held earlier this year at the Johns Hopkins University School of Public Health;
- "Plagues and Politics," a 20-minute video reviewing the history of PHS and its current functions.

ENTERTAINMENT:

- Pages especially for kids as well as pages for teachers and for parents;
- Games including "Toxic Waste River Rafting," a JavaScript game in which intrepid white-water rafters have to dodge flaming barrels of toxic waste;
- A self-grading trivia quiz on public health and PHS.

SCREENSAVER:

- A downloadable screen saver (approximately 2 mb) containing photos from the "Images of Public Health" on-line exhibit.

At the same time, we also launched a new website for the Office of Surgeon General, at www.surgeongeneral.gov where users can find background and history on the office itself as well as a one-stop link to recent speeches and Surgeon General reports from the past three decades.